

504012540000
TOWN OF DAVIE
6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1112

HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: GLOBAL HOME DELIVERY
BUSINESS STREET ADDRESS: 15181 S.W. 25ST DAVIE FL. ZIP 33326
BUSINESS MAILING ADDRESS: 1112 WESTON RD. WESTON FL ZIP 33326
BUSINESS PHONE: 954-382-2531
DESCRIBE TYPE OF BUSINESS: INSTALL FOR LOWE'S AND EXPO CENTER
BUSINESS IS: Corporation ☒ Sole Proprietor ☐ Partnership ☐

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>MICHAEL ROSS</u>	<u>15181 SW 25ST</u>	<u>DAVIE 33326</u>	<u>954-382-2532</u>
2. <u>BRIAN ROSS</u>	<u>15181 SW 25ST</u>	<u>DAVIE 33326</u>	<u>954-382-2532</u>

Federal ID Number or Social Security Number _____

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 02, and must be renewed before October 1st.

This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.

MICHAEL ROSS CEO
BRIAN ROSS PRESIDENT

Print Owner or Officers Name and Title

Michael Ross
Signature of Owner or Officer

Office Use Only: Date <u>10/9/01</u> Category <u>13500</u> Fee Exempt per Sec. 13-13 <input type="checkbox"/> Fee <u>110.25</u> Rec# _____ New <input checked="" type="checkbox"/> Trans <input type="checkbox"/>	
License # <u>02-15846</u>	Control # <u>13267</u>
Council approval Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	Zoning Approval <u>fat</u> Zoning <u>R-1</u> Date <u>10/12/01</u>
Town Council Date _____	Approved _____ Denied _____
Tabled To _____	Approved _____ Denied _____
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____	

8/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION